

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		7/5	7/1/00
FORMALITY REVIEW		7/1/23	1/24/01
RESPONSE FORMALITY REVIEW	(M)	825	7/1/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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39	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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